



## Syringe sociology

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### Abstract

In this article I consider the impact of social epistemologies for understanding the object of the syringe. My aim is to examine the process through which the syringe transforms from an injecting device to a tool of social and political inquiry. Paying particular attention to the uses of Foucault, Becker, Bourdieu, Freud and Latour in empirical studies of injecting heroin use, I examine the sociology of the syringe through the lens of habit and habitus, discourse and deviance, mourning and melancholia, attachment and agencement. In pursuing the theory behind the object my goal is to address a sociological object in the making. In so doing I show how the syringe has been significant for social research, social theory, and sociology. It is the difference the object makes that this article seeks to describe. In tracing the epistemology of the syringe I show how the object is important not just for knowledge of addiction but sociology itself.

**Keywords:** The syringe; social science; sociology; epistemology; ontology; objects

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To understand the activity of subjects, their emotions their passions, we must turn our attention to that which attaches and activates them – an obvious proposition but one normally overlooked. (Latour 2010: 58)

In the early 2000s injecting drugs researchers debated the empirical existence of needle fixation. Much of this exchange, conducted in the journal *Addiction, Research and Theory*, centred on the behaviour of repetitive needle injection from the drug users perspective. On one side of the debate Pates, McBride, Arnold and Ball assess the definition, experience and conceptualization of drug injection as a psychological action of habit. On the other Fraser, Treloar, Hopwood and Brener evaluate the political consequences of categorizing a habitual addiction to the needle as an empirical fact.

In their effort to establish the existence of 'needle fixation' as a psychological problem McBride, Pates, Arnold and Ball make a series of scientific and theoretical observations. Firstly, they find empirical data on needle fixation to be inconclusive, 'fragmentary' and 'too often anecdotal' (2001: 1050). Secondly, they find a 'failure to define what is meant by needle fixation' (2001: 1050). In order to address this lack of empirical and theoretical clarity they conduct a small scale qualitative study and construct a definition of their own:

Needle fixation is probably the final common pathway of a number of multifactorially determined and variously motivated reasons for injecting which then become maintained as a *habit* by conditioning. (Pates et al. 2001: 16)

In proposing a psychological definition of needle fixation as habit by conditioning, the researchers do not restrict their theory of action to individual behaviour. What maintains drug injecting as a habit, they argue, is the conditioning effects of the needle. The direct positive effects of the injecting rush and negative effects of withdrawal are identified as conditioning future injecting behaviour. Here cognitive associations motivate action. The syringe acts as a 'visual cue' for the anticipation of pleasure and a relief from pain. The secondary gains of injecting are also identified as significant components of a chaining effect that produce needle fixation. These external motivations include ritualization and the use of common objects, the skill of injecting and social status, and the displacement of masochistic sexual desires, intimacy and sexual pleasure onto the needle (McBride et al. 2001: 1049). In extending the psychology of injecting to the syringe, the object becomes a site for policy intervention. In order to minimize the transmission of disease and aid injecting drug users who use needles to 'break the habit of injecting their drugs' and 'move injectors away from injecting' (Pates et al. 2001: 14) Pates et al. propose that their psychological theory of needle fixation be more fully incorporated into harm reduction research and policy.

### **Discourses of injecting**

The *question* of needle fixation as a serious topic of scientific investigation in the treatment of injecting drug users is taken up and critically examined by Fraser, Hopwood, Treloar and Brener (2005). Responding to Pates et al.'s claims, Fraser et al. turn their attention from the psychological problem of needle fixation to the problem of needle fixation research. Drawing on Foucault's theoretical work on discourse, knowledge and power, Fraser et al. argue that attempts to empirically uncover the truth of the concept are misguided. The problem with research that seeks to examine needle fixation as an empirical phenomenon, they argue, is that needle fixation 'is not a coherent question'

(2004: 68). The real question, according to Fraser et al., is not *what* is needle fixation and whether it exists but the *effects* of its production. 'What good will the category do? Who will be touched by it and what will that mean for them?' (2005: 403, my emphasis). 'What are the health and social implications of the creation of such a category?' (2004: 71). 'Is it a useful and beneficial tool for describing and aiding injecting drug users?' (2004: 75).

Addressing these epistemological concerns from a Foucauldian perspective Fraser et al. make a series of empirical observations of their own. Firstly, they call on social researchers to resist the deployment, normalization and enactment of the concept of needle fixation without 'critical justification for the merits of generating the category' (2005: 403). The danger with this concept, they point out, is the possible 'identification of injecting as "something unusual" (and in turn pathological needing treatment)' (2004: 69). Secondly, they advise social researchers seeking to undertake empirical research to acknowledge how the category needle fixation 'becomes a question of politics and power as much as a "fact"' (2004: 75). The real danger here, according to Fraser et al., is the location of the 'injecting drug users *body* in the political field' (2004: 69, my emphasis). Thirdly, Fraser et al. are sceptical that new psychological facts on needle fixation will yield any significant empirical results to challenge moralizing judgments of injecting drug users. Asking participants to talk about needles does not they argue, produce a new scientific phenomenon but reproduces a description of a particular discourse, one that constructs the experience of needle fixation for individual injecting drug users as pathological and deviant.

These empirical concerns fuel Fraser et al.'s final assessment of the consequences of the scientific pursuit of needle fixation. According to Fraser et al., the definition by Pates et al. of injecting drug use as habitual, 'repetitive and continual behaviour' (Fraser et al. 2004: 72) 'runs the risk of *obscuring* the effective harm reduction mechanisms drug users sometimes deploy' (Fraser et al. 2004: 75, my emphasis). Not wanting to throw science out with the syringe, Fraser et al. recognize that self-construction through discourse 'offers injecting drug users a means of understanding themselves, and of producing themselves in relation to ethics (such as the ethics of drug use and injecting)' (2004: 68–9). In highlighting the ethical strategies deployed by injecting drug users to produce themselves as responsible subjects of health prevention discourse, Fraser et al. draw attention to what gets *left out* in the empirical construction of injecting behaviour as habitual.

In response to the critique of their research question by Fraser et al. on *what* is needle fixation, McBride and Pates raise some epistemological concerns of their own. Whilst they concur that 'drug related experiences are notoriously *difficult* to describe' (McBride and Pates 2005: 397, my emphasis), they strongly disagree with Fraser et al.'s opposition to scientific fact finding. The empirical problem, as McBride and Pates see it, is not seeking to uncover the objective

truth of needle fixation, but a 'back door appeal to "radical scepticism": that no reliable knowledge of the world can ever be obtained' (2005: 398). Facts, they argue, work towards 'understanding and communication' not 'labelling and stigmatisation' (2005: 398). Surprised by both the intensity of the criticisms by Fraser et al. and 'at being subjected to a Foucauldian critique' (2005: 396), McBride and Pates are 'not greatly concerned with such epistemological questions' (2005: 398) and suggest a Foucauldian interpretation of injecting behaviour has 'little bearing on most peoples injecting' (2005: 401). Foucault 'regrettably is dead and that to ascribe him any perspective is intentionalist' (2005: 398).

What happens if we turn our attention from the philosophical musings of 'dead white Frenchmen' (McBride and Pates 2005: 401)? What might we gain from such a move? What might we lose? In response to McBride and Pates' riposte to their Foucauldian critique of the psychological phenomenon of needle fixation Fraser et al. suggest 'there are many *other* theoretical or epistemological positions from which to examine this issue' (2005: 403, my emphasis). Whilst Fraser et al. do not elaborate on what these other theoretical or epistemological positions might look like, in what follows I attend to theories of injecting that concern not just the subjects but objects of drug use. My aim is to consider the impact epistemological questions of the syringe have on injecting behaviour and their consequence for social research and sociology. Moving beyond the Foucauldian observation that 'injecting drug users are the products of discourse' (Fraser et al. 2004: 70), I consider what a shift in focus from the discourse of needle fixation to the material objects of injecting drug use adds to knowledge of injecting practices. To begin, I address the effects of Howard Becker's symbolic interactionist perspective for understandings of heroin addiction.

### **Syringe interactionism**

The theoretical work of Becker poses some rather different research questions for the sociology of drug use. In contrast to the Foucauldian concerns of Fraser et al. regarding the consequences of empirical research, the influence of Becker's epistemology for studies of injecting moves the focus from the discursive production of injecting facts towards the social construction of injecting effects. From Becker's theoretical perspective knowing the meaning of injecting as a particular sociological experience is approached through an interpretation of social behaviour. Here, the empirical question is not the habitual problem of needle fixation but the social experience of injecting. Here, we find a sociology of the syringe. What matters is not the conditioning effects of the object on individual injecting behaviour but the social meanings attached to the object by social actors and its impact on future injecting.

Drawing on Becker's constructivist framework of drug experience, Fitzgerald, Louie, Rosenthal and Crofts suggest drug injecting 'depends greatly on the way *others* define a drug for that person' (1999: 499, my emphasis). The key to examining injecting behaviour relationally is the experience of the rush. Examining the thoughts and feelings of the rush for newly initiated injectors Fitzgerald et al. address the symbolic meaning and narrative significance of injecting. What stands out in the injectors' accounts of the syringe is the anticipated feeling of pleasure and the desire for another kind of sociality. For newly initiated injectors the discourse of the injecting rush as producing a better, stronger, more intense feeling of pleasure concerns an ontological 'change in social role' (1999: 483). In particular, the symbolic importance of first injection is marked as a moment of social transformation and social transgression. The injecting rush 'serves as a bodily disruption, both physical and symbolic, that allows a narrative separation from the usual world' (1999: 498). What distinguishes the first injecting event as ontologically disruptive is the meaning attached to the needle as 'crossing of boundaries (corporeal, psychological, social)' (1999: 499).

The disruption of psychological, corporeal and social boundaries produced by injecting behaviour highlights the impact of Becker's constructivist epistemology for interpretations of the syringe. The drug users' feelings of being different and thoughts of being judged negatively by others suggest the initiation to injecting behaviour involves the subject's internalization of the objects meaning as deviant. Here, the symbolism of the needle separates the individual from the outside world. Here, the representation of the syringe challenges social roles and social identities. Here, the significance of the first hit 'functions to cause the social death of the individual' (Fitzgerald et al. 1999: 497). In foregrounding the symbolic importance of first injecting as 'a separation rite' (Fitzgerald et al. 1999: 497) from normal society Becker's interactionist methodology brings into focus the sociology of injecting drug use. The *social* causes of injecting involve changes in the drug users' perception of themselves in relation to others and the ongoing effects of these changes on future injecting behaviour.

In her evaluation of Becker's epistemology of drug use as a '*developing* behavioural pattern' Emilie Gomart (2002a: 100, emphasis in original) highlights the strengths and weaknesses of Becker's theory of drug action as an alternative to essentialist accounts of heroin in psychiatric and medical literature. On the one hand, Gomart points out that Becker's symbolic-interactionist theory, with its focus on the experience, interpretation and perception of practices illustrates how deviance concerns 'not the interior of persons, but their "behaviours" – or, better, the emergence of deviant behaviour' (2002a: 100). On the other, Gomart argues that in separating the substance of the drug from its social interpretation, Becker's interactionist theory of drug action fails to address objects themselves. The epistemological

questions of 'Who acts' and 'What is action?' argues Gomart (2002a: 129), concerns human constructions and is 'silent about the question of the reality of the object' (2002a: 95). 'In order to answer the question can the object 'be something else than a (constructed) cause?' (2002a: 100) and 're-work anew and head-on the question of how the drug and its user, nonhuman and human, *act*' (2002a: 96, emphasis in original) Gomart argues drug ethnographies are an 'essential reference' 'because they describe the settings of drug use, their techniques of use and modes of life of the users' (2002a: 129). In what follows I consider the usefulness of injecting ethnographies for constituting a sociology of the syringe that is open to the question of the reality of the object.

Summarizing the weaknesses of Becker's epistemology of drug use Fitzgerald et al. conclude that a symbolic interactionist perspective prevents a 'deeper investigation of the factors shaping the embodied language of the rush' (1999: 498). Drawing on the theoretical work of Pierre Bourdieu, Fitzgerald et al. call for greater understanding of the 'role of social factors such as class, gender, ethnicity' (1999: 498) in shaping the significance of injecting. Turning to Bourdieu's social theory, they argue, forces us to think of the injecting rush of the first hit not as a symbolic separation rite but an embodied 'form of social practice that can instantiate [and reproduce] a social order' (1999: 498). Whilst Fitzgerald et al. call attention to injecting drug use as a *social practice* the implications of this theoretical move are not fully spelt out. In what follows I address the consequences of an epistemological shift from a social constructivist to a social structivist interpretation of the syringe. In so doing I evaluate the role of social factors in the action of the injecting object.

### **Habitus of the syringe**

The effects of Bourdieu's social theory for understandings of the injecting rush are explored in greater detail in Philippe Bourgois ethnographic study of homeless heroin addicts in the US inner city. Deploying a reflexive methodology Bourgois moves from Becker's constructivist epistemology of drug injecting behaviour towards a structivist interpretation of the mechanisms of drug administration. The consequences of this epistemological move are well illustrated in Bourgois' observations, fieldnotes and reflections on different injecting practices:

Felix opens the door of Frank's van when I knock. They are in the midst of fixing. Felix pulls down his pants and, with a polite 'excuse my ass', pushes the needle of his syringe three-quarters of the way into his right butt cheek. Felix pushes forcefully on the plunger. It barely moves, however, because it has struck scar tissue. He leaves the syringe hanging unattended from his rear for a few minutes to let the liquid heroin seep around the brittle tissue.

When he pushes on the plunger again, it slides forward a few millimetres but starts to bend under the pressure, so he leaves it dangling again for a few more minutes to allow more liquid to seep out. He repeats this *push-and-dangle* sequence five or six more times until the syringe is finally empty . . .

Frank meanwhile has *jabbed* his needle directly through his filthy t-shirt into the flesh of his upper arm, just over his right shoulder. He flushes his heroin solution in one rapid motion.

Carter probes his needle into his own biceps, holding his breath as he concentrates on finding a vein. Unable to register blood after half a dozen attempts, he jerks the syringe out of his arm, cursing. He plunges the needle deeper into his biceps several more times, reaching almost under his armpit and changing the angle each time while wiggling the point. He tugs the skin in all directions as he repeatedly pulls back on his plunger to check for blood. Suddenly, he starts jabbing violently, as if trying to spear a miniature fish in his bloodstream. Unsuccessfully, he yanks the syringe out again. He sits back and holds the syringe chamber in the window light with the needle pointing up. Air bubbles marble into the mixture of red blood and black heroin on the chamber. He then slowly pushes the plunger upward until the bubbles surface one by one through the point of the needle. He licks it not to waste a drop. He pokes again into the same awkwardly located biceps muscle in the armpit. After fifteen minutes more of *jabbing, poking and pulling*, he finally manages to register a vein and quickly flushes the heroin directly into his bloodstream. (Bourgois and Schonberg 2009: 90–1, my emphases)

Whilst the specific bodily technique of injecting ‘at first sight appears neutral, even banal’ (Bourgois 2007: 11), the pleasurable effects of heroin injection, according to Bourgois, have ‘embodied dispositions that both *express* and also *inform* identity’ (Bourgois 2007: 26, my emphases). In his observation of the dispositions and techniques that characterize Felix and Frank’s abandonment of the rush and preference for intramuscular injecting into muscle or fat, in comparison with Carter, who will search for a vein and inject intravenously, Bourgois concludes ‘African Americans and whites administer their heroin injections differently’ (Bourgois 2007: 25).

In order to explain the rush as an ethnically distinct social phenomenon Bourgois (2007: 15) turns to structural theories of class and gender. Deploying the concept of hegemonic masculinity Bourgois explains *why* subordinated outlaw African American men painstakingly jab, poke and pull in pursuit of the intravenous rush. ‘An ecstatic commitment to getting high’ (Bourgois and Schonberg 2009: 87) is analysed in terms of subordinated African Americans sustaining a ‘sense of self worth’, and ‘being in control of their lives and having fun’ (Bourgois and Schonberg 2009: 87) in a context of broader social



inequalities. Seeking the pleasure of an exhilarating rush, according to Bourgois, 'can be a rewarding construction of masculinity' (Bourgois 2007: 24).

African Americans will sometimes moan loudly with pleasure and drape their bodies in a relaxed pose. Considering themselves to be triumphant, resistant and effective outlaws, the African Americans persevere in seeking the pleasure of an exhilarating high. (Bourgois 2007: 27)

Whilst the pursuit of pleasure by African American men is interpreted as part of the embodied dispositions that both express and inform identity, abandoning the euphoric rush and settling for intramuscular injecting is associated with the 'dispositions and techniques of the body that characterise the whites' (Bourgois 2007: 26–7).

In Bourgois' ethnography of injecting drug use the rush is transformed from a habit, discourse and socially mediated experience to a racialized social practice. Here the theoretical question of injecting drug use takes a socio-technological turn. For Bourgois the syringe is not a cue that conditions behaviour, nor is it a symbolic device that motivates action through interaction with others. Here the object is involved in the production and reproduction of social worlds. Engaging individuals and society, agency and structure the micro practice of different injecting techniques is central to understanding the effects of broader macro power relations. The epistemological question is not what happens when we examine the syringe in the social world of injecting drug users but the social world in the life of the syringe. The theoretical view of the syringe is thus reversed. What matters is not knowing what the object feels like on the inside or out but what can be known about society through the social practice of injecting. Observing the syringe in action is a method of critical social inquiry.

The key to interpreting the syringe in this way is the Bourdieusian concept of 'habitus'. Habitus, unlike the epistemology of 'habit', directs empirical inquiry away from the problem of needle fixation as a conditioned response. In contrast to 'discourse', habitus directs social inquiry away from the pathological categorization of the injecting drug user. Habitus, compared to 'disorder', suggests the individual experience of injecting does not involve a conscious transgression of social boundaries, social roles and social identities but is central to the production and reproduction of social divisions and hierarchies. From the standpoint of the syringe the answer to the questions 'Who acts?' and 'What is injecting drug action?' concerns socio-political causation. Habitus, as Bourgois explains,

links social structural power relations to intimate ways of being at the level of individual interactions to show how everyday practices and preconscious patterns of thought generate and reproduce social inequality. (Bourgois 2007: 9)



The key to interpreting the micro practice of injecting as a 'politically structured phenomena that encompasses multiple abusive relationships, both structural and personal' (Bourgois and Schonberg 2009: 16) is the injecting wound. Incorporating the habitus into his observations of injecting, Bourgois considers the scars from the skin popping practices of the whites to make them vulnerable to abscesses, and the relentless search for a vein by African Americans to explain their vulnerability to diseases such as HIV (Bourgois 2007: 11). In Bourgois' empirical analysis of injecting we find the mechanisms of drug administration and the associated scarring patterns and disease infection rates connected to particular social groups. The advantage of this methodology, Bourgois argues, is it avoids racially stereotyping the injecting behaviour of homeless white and black male addicts as natural attributes of cultural difference (Bourgois 2007: 8). Showing how macro power relations become 'routinized' in injecting behaviour patterns (Bourgois 2007: 7) Bourgois integrates the syringe into a theory of social action. Here the action of the object is socially determined and determining. Here the syringe is a socially structured and structuring thing. Here the syringe is an object of power. Attaching the habitus to human injecting practices Bourgois extends the sociological concepts of class, gender and ethnicity to objects.

### **The social life of objects**

Following in Bourgois' footsteps Angela Garcia's anthropology of heroin addiction remains loyal to the human experience of disenfranchised injecting drug users on the margins of western society. At the heart of Garcia's ethnography of Hispano addicts in the Espanola Valley lies the question of the syringe. From the outset of her fieldwork in northern New Mexico she notes 'hypodermic needles seemed to be everywhere' they were 'discarded', 'tossed', 'found' and 'hiding' (Garcia 2010: 5). Surprised by their overwhelming presence Garcia turns her gaze downwards:

The syringes were imbued with alienation, desperation and longing. They appeared to me as a kind of ghostly sign . . . I understood my task as an anthropologist to conjure up the social life that produced these signs, to give it flesh and depth. (2010: 6)

Looking for traces of social connections in these ghostly signs Garcia produces an ethnography of heroin addiction by following the object. Here the syringe is more than a tool *for* social analysis. Here the human experiences of alienation, longing and desperation are observed in relation to the syringe itself. In looking for the flesh of social life through the eye of the needle Garcia avoids mapping an epistemological framework onto the injecting object.

Whilst Garcia, like Bourgois, regards the mode of ethnography to be ‘constitutive of theory and knowledge production’ she is ‘reserved in her use of theory’ to define the experience of heroin addiction (2010: 35). So much theory, she argues, ‘forecloses the possibility of letting things be vulnerable and uncertain – states of being that I want to engage and evoke’ (2010: 35). The problem with most theoretical frameworks, according to Garcia, is the tendency to overlook interpretations of experience outside of existing categories of knowledge. Paying particular attention to uncertain states of being that do not conform to ways of knowing, Garcia pushes the question of injecting heroin use beyond pre-existing rigid conceptual frameworks. The epistemological problems raised by her method ‘centres on the question of how to think and write an account of experience that is fundamentally foreclosed to the ethnographer, sometimes even to language itself’ (2010: 11).

In foregrounding those moments that appear unknowable, [Garcia] seeks to demonstrate the significance, and sometimes penetrability, of certain limits: the limits of experience, understanding, and ethnography, especially as they form the basis from which we constitute others and ourselves. (2010: 11)

The challenge for the ethnographer wanting to penetrate the ‘margins of knowing’ the experience of getting high, according to Garcia (2010: 11), is a) to explore and explain moments of ‘incomprehensibility’ and b) to think and write an account of the injecting high as a form of experience that ‘often escapes clinical and critical analysis’. Using the observational methods of anthropology and the representational genre of ethnography Garcia (2010: 25) seeks to ‘elucidate these overlooked experiences and dynamics and to fill in some of these voids’.

These challenges are met head on in an event that occurred in the early stages of Garcia’s fieldwork. Walking along the Rio Grande River with two heroin addicts who lived at the drug detoxification clinic where she had been hired to work at as an attendant, Garcia recollects a moment with John.

We walked quietly. After a few minutes John stopped ‘*Mira* [look]’ he said, pointing. Caught in a cluster of racks lay a heroin cooker made of an old soda can, along with two discarded syringes. ‘*Este rio esta muerto* [This river is dead]’, John said. (2010: 3, emphases in original)

Garcia (2010: 4) goes on to explain that the next morning police found John in his pickup truck in a drug induced sleep. In the passenger seat beside him an empty syringe. John was subsequently arrested.

Her experience with John at the river, and his following relapse, provide a powerful introduction to Garcia’s book:

*What happened?* Did John’s intimate recognition of the heroin cooker and syringes we stumbled upon awaken an overwhelming desire to get high? Or

were there other perhaps deeper dynamics of loss and longing during our walk that contributed to his relapse? *How would I be able to understand the motivations, force and meaning of his 'self-discharge'?* (2010: 4, my emphases)

Garcia's question 'What happened?' opens the ethnography of heroin addiction to the subjects *and* objects of injecting drug use. Probing the emotional meaning of John's desire to get high, Garcia invites us to think and feel *with* the syringe. In her attempt to re-think John's experience of self-discharge Garcia incorporates the syringe into an analysis of the motivation, force and meaning of action.

Focusing on John's personal life history stems from Garcia's methodological

concerns about 'fixing' identities to a specific state, especially since so many of the subjects herein describe their *ongoing struggles with feeling* or being perceived as already caught within them. The challenge, then, is to evoke this sense of being fixed without permanently locking the subjects into such a state. (2010: 35, my emphasis)

In calling attention to the addicted subject's ongoing struggles with feelings Garcia highlights the limitations of social epistemologies *of* injecting. The danger with analysing the injecting high and the injecting wound via the concepts of habit, discourse and habitus is they risk permanently fixing the action of subjects without addressing states of feeling.

Whilst John's personal experience of getting high is understood as a solitary act of the singular subject, Garcia foregrounds 'the *inseparability* of addictive experience from history and the broader world' (2010: 10, emphasis in original). In particular, Garcia examines the importance of 'place as it is experienced, remembered and narrativised' as a 'central site of understanding addictive experience' (2010: 25). Paying close attention to John's response to the discarded syringe in the New Mexico landscape – 'Esta rio erta muerto' – Garcia attends to 'the personal and collective histories that form subjects and their drug use' (2010: 9).

Drawing on Raymond Williams' 'structures of feeling' Garcia pursues a way of getting to know 'what happened' to John that foregrounds 'the relation between the psyche and the social' (2010: 80). Reading the discarded syringe as concerning the entanglement of historical and contemporary experiences of collective and personal dispossession, John's description of Rio Grande is understood as 'a spatial language for the deep rooted and complex nature of addiction' (2010: 30). The feeling and language in John's declaration 'this river is dead', according to Garcia, is 'more than a metaphor for heroin addiction' (2010: 7). John's history of injecting is related to 'mourning a lost sense of place' (2010: 7). Understanding John's relapse as

constituted by feelings of loss and mourning, rather than by habit, labelling or the habitus shifts the sociology of the syringe from an analysis of conditioning, social interaction and social structure to the structure of feeling and its affects.

In order to invert the epistemology of the syringe from external to internal ways of knowing the personal history and collective experience of heroin addiction, Garcia turns to Freud's concept of melancholia. Extending Freud's description of melancholia as a 'sustained devotion to loss' and 'mourning without end' (2010: 75) to community and intergeneration experiences, Garcia describes the need to score heroin, to find a vein, to get high as 'a remedy for a pain that accompanies the past' (2010: 93). John's motivation to get high, according to Garcia, is to endure not an individual loss but the regions historical scars of a lost past. Addressing John's comment 'The only time I feel good, feel love, is when I'm high. When I'm flying, I don't feel the pain. I don't feel the time' (2010: 20) as a 'desire for escape' and 'perverse refuge' in heroin, Garcia calls attention to the injecting high as a 'need for transcendence locally' (2010: 21).

Garcia's theory of melancholic heroin addiction certainly adds an important affective dimension to the sociology of the syringe. Her interpretation of the lives of Hispano heroin addicts as 'mourning a lost sense of place' (2010: 7) defines the action of injecting subject as melancholic. Her description of heroin addiction as a 'structure of endlessness' and the needle marks and abscess as 'wounds in which the future, the present and the past co-mingle through the force of recurring need' (2010: 93) connects the internal space of emotions with the external space of place. Her understanding of unfinished grief 'as an intractable truth of heroin addiction and Hispano life' (2010: 71) highlights what is simultaneously lost within the addicted subject and within the social milieu. Here, the syringe and the addict come face-to-face in an 'unending process' (2010: 93) of suffering which links ways of feeling disconnection from the past with cultural and material dispossession in the present. In attending to the emotional and physical scars from heroin addiction as meaningful historical 'wounds that haven't healed' (2010: 110), the melancholic subjects attachment to the syringe becomes a *moral solution* to loss.

In her analysis of the melancholic heroin addict as 'passionately engaged with the past on its own terms' Garcia (2010: 110) warns against the biomedical turn in the treatment of heroin addicts. In particular, Garcia calls into question the shift from a humanist epistemology of heroin addiction. The problem with interpreting the ontology of drug use as embedded in biomedical technologies, she argues, is the technological prostheses of harm reduction do not simply throw us 'new forms of social life' but '*bury* us beneath the weight that does not end' (2010: 76, emphasis in original). In Garcia's ethnography of heroin addiction in New Mexico the syringe 'deepens this ethos of suffering in unexpected, even dangerous ways' (2010: 76). What get's

lost in the technological optimism of biomedicine, she argues, is the moral meanings of addiction.

Is it possible to remain attentive to the human experience of heroin addiction whilst engaging with the technological prostheses of harm reduction? Is it possible to engage the reality of the object without relinquishing an understanding of history and morality? Is it possible to get to grips with the force and meaning of John's self-discharge from the standpoint of the syringe? My questioning here concerns not what we lose if we privilege biomedicine over history but what we lose if we privilege epistemology over the syringe. The real danger, as I see it, is one of syringe determinism. Like Bourgois, Garcia's theory of heroin addiction remains silent on the question of the *material* reality of injecting. What's absent from her ethnography of heroin addiction is a description of the object of the syringe in the escape, pleasure and transcendence of endless suffering.

An 'object-less social world', according to Latour (2005: 82), comes from the impulse by social scientists to define the social as that which lies *behind* action, *behind* structure and *behind* consciousness. The epistemology of the social sciences, he argues, 'has been obsessed with the theme of the right of the *observer* to define the type of entities one has to deal with' (2005: 41, my emphasis). 'The more radical thinkers want to attract attention to humans in the *margins* and at the periphery, the less they speak of objects' (Latour 2005: 73, my emphases). In order to re-assemble the social *with* objects Latour (2005: 12) advises sociologists to reject the causal role given to objects, reject following social theorists and follow the actors. This move involves not giving over to theory, or 'proving that other social theories are wrong – but in proposition' (2005: 12). Latour's sociology of association reverses the science of heroin addiction. It is no longer up to the analyst to decide what happened, 'the task of defining and ordering the social should be left to the actors themselves' (2005: 23). The social scientists role is not giving a 'voice to the voiceless' or in 'theorising their practice' but to 'record what the actors say, and *add something they never say*' (2010: 131, my emphasis). The empirical task is to 'follow the ways in which actors credit or discredit agency in the accounts they provide of what makes them act' (2010: 52). In replacing a critical sociology of social actors with documenting a sociology of actors themselves Latour proposes a science of the syringe that takes as its starting point the *question of the object*.

If a sociology with objects offers a way forward to renew and expand the sociology of heroin addiction and avoid the determinism of injecting epistemologies what kinds of tools are required to get on with the job of allowing the syringe to speak? How do we approach the question of action for the addicted subject *and* the injecting object? How do we perform a social science *with* the syringe that is not limited to a sociology of injecting behaviour or social practice? How do we switch the focus to the objects of injecting without abandoning the addicts themselves? Garcia certainly gives us a glimpse in her

account of walking with John. Here, she attends to the silences around the syringe. Here, the syringe enters into her description of the social. Here, we find a record of the injecting rush. John's sensibilities and sensations are not over determined. Instead, the object is deployed as a thinking and feeling device. The action of the injecting subject as melancholic is linked with the action of the syringe.

### **Syringe sociology**

To consider what we might further add to Garcia's ethnography of heroin addiction let's turn to Emile Gomart and Antoine Hennion's (1999) sociology of attachment. In their discussion of the question of the subject *and* heroin Gomart and Hennion shift their attention to the 'socio-technical dispositifs of passion' (1999: 221). The focus of their inquiry lies not in external social structures or internal psychological processes but the objects, techniques and constraints entangled with the addicted subject. This theoretical move into the question of heroin addiction is significant on a number of fronts. Firstly, addicted subjectivity is examined not in relation to structures of feeling but 'object-mediators' that enable the subject to 'put their passion into practice' (1999: 225). Secondly, the effects of heroin are explained not in terms of social causation and social action but events that 'just occur' (1999: 225). Thirdly, the heroin addict is described as being not overwhelmed by feelings of loss but 'seized, impassioned and swept away' (1999: 221) in a moment of active passion. Fourthly, the technological devices of biomedicine are understood not to bury the addicted subject but make 'active dis-possession possible' (1999: 221). The abandonment of feeling 'is not exclusively passive, it involves the participation of both the person *and* the object' (1999: 227, my emphasis).

By shifting their attention from the sources of drug action to the actants that make things happen, Gomart and Hennion call into question theories of action that focus on either the human or the non-human as the determining force of action. In particular, they question the sociological dualisms of 'agent/structure, subject/object, active/passive' (1999: 220). The problem with these binaries, they argue, is that action 'is not treated as a problem in its own right' (1999: 223). Action is removed from the person and attributed to the 'determinations of structure or the invisible hand of a system' (1999: 223). In drawing attention to the limitations of a traditional sociological theory of action, Gomart and Hennion also call into question ANT. The problem with ANT, they argue, is that it assumes that 'action is there to be distributed [involving non-humans], while the definition and limits of action itself are not questioned' (1999: 224). ANT does 'not allow access to events that are not actions' (1999: 225) and just occur. Focusing on the how of attachment 'avoids having to chose between human or objects as the source of action'. 'Action can now be shared'

(Gomart 2002b: 521). Humans and things (including drugs?) 'can now engage in mutually constructive relations' (Gomart 2002b: 522). The question is 'how the drug and its user, nonhuman and human, *act*' (Gomart 2002a: 96, emphasis in original).

In order to shift the focus from a subject 'who acts' to 'the devices by which amateurs put their passion into practice' (Gomart and Hennion 1999: 221) Gomart and Hennion seek out 'indigenous theories of what happens, what works, and what is at stake' (1999: 232) in getting high. This includes descriptions of techniques of administration, locations, times and human company (1999: 236). Examining the 'condition for the drug's taking over' (1999: 236) the sociology of injecting drug use takes a rather different epistemological turn. Instead of thinking of heroin addiction in terms of the effects of the outside social world we begin to reassemble the injecting event in terms of 'what emerges, what is shaped and composed' through the process of attachment rather than 'an interaction of causal objects and intentional persons' (1999: 226).

What do we gain in the shift from the question of action to the question of mediation? What bearing does a materialist epistemology of injecting have on understandings of the syringe? What does the dispositif offer for addressing the question 'what happened' to John in the encounter with the discarded syringes at the river? What does a description of the productive effects of devices offer for interpreting John's comment 'The only time I feel good, feel love, is when I'm high. When I'm flying, I don't feel the pain. I don't feel the time' (Garcia 2010: 20)? What happens if we address the temporal event of John's relapse in terms of the socio-technical arrival of passion and not a structure of 'endlessness' (Garcia 2010: 93)? What difference does it make to talk of the injecting sensation as a feeling of love, of passion without end, instead of 'a remedy for pain that accompanies the past' (Garcia 2008: 725)? What is at stake in describing the object of the syringe as an apparatus of passion rather than a 'ghostly sign' 'imbued with alienation, separation and longing' (Garcia 2010: 6)? How does Gomart and Hennion's sociology of attachment engage Garcia's concerns about biomedicine, and the technological prostheses of harm reduction?

In order to more fully appreciate the impact of a shift from the sociology of the syringe to a syringe sociology lets return to Garcia's account of 'what happened'. Garcia describes the moment at which John encountered the two syringes as an 'intimate recognition' that 'awaken[ed] an overwhelming desire to get high' (2010: 4). Searching for ways to understand the reasons for John's relapse, Garcia interprets John's account of 'love enabled through heroin' as a 'process of active forgetting' (2010: 20) and an 'expression of escape' (2010: 21). In describing John's self-discharge as a comprehensible moment of 'losing oneself' Garcia (2010: 11) addresses the social *causes* and *sources* of John's action. What emerges from her ethnographic inquiry is a



theory of addicted subjectivity as a historically constructed and unconsciously structured action.

But from Gomart and Hennion's theoretical perspective, Garcia's question 'what happened' takes on a rather different concern. The event is no longer framed in terms of what happened *to* John, but 'how to describe the *devices* by which [John] ... is able to put [his] passion into practice' (Gomart and Hennion 1999: 221). Here, what matters is the active process of self-abandonment 'to let oneself be swept away, seized by some thing which passes' (1999: 244). Here, the 'techniques, settings, devices, and collective carrier make this active dis-possession possible' (1999: 221). Here, an attachment to the syringe is still one of loss, but this is not an ungrievable loss of physical and social dispossession but involves 'consensual self abandonment' (1999: 226). Addicted subjectivity is not a moral solution *to* loss but a loss that is 'accepted and prepared for' (1999: 227). John's desire to inject is neither an active or passive response to the social world. Instead

the user passes between active and passive. That is, between 'I am manipulated' (because I agree to it) and 'I manipulate' (an object which is stronger than myself). This 'passing' is at the heart of a theory of attachment. It emphasises the force of things as the locus of an event, of an emergence. (1999: 243)

What forces John's hand is not a desire to escape his milieu or get out of himself but passionately abandoning himself 'so that something may arrive' (1999: 244). This involves the participation of both John and the syringe. Here, the syringe is an object of passion. Here, John's relapse represents not a lack of will, but an event of 'total receptivity' (1999: 244) in which he is seized, impassioned.

Attending to the moment of the arrival of pleasure, according to Gomart and Hennion, requires reassembling the sociological study of drug use. Moving the focus from the source of action to the mediating objects of passion is necessary in the context of traditional sociology where:

Action is either the unproblematic basic unity of a complex game of construction with all its perverse effects and paradoxical system results, or the enemy, the illusion of power which the human actor entertains when in fact (or it is suggested) he or she is the playing of forces that he/she cannot see. (1999: 223)

From Gomart and Hennion's sociological perspective the empirical hand of the injecting drug user is epistemologically *over* determined whilst the injecting event is epistemologically *indetermined*. In order to disassemble the sociology of the syringe and engage with the object at hand Gomart and Hennion's theory of attachment suggest we hand the syringe back to the addict. The trick here is to disengage with concepts of injecting and engage the emerging

sensations, settings and devices that take hold of John. This move avoids integrating knowledge into objects. More specifically, it avoids thinking of action in terms of the invisible hand of the conscious, unconscious or pre-conscious mind. The question of 'what happened' is now *out* of our hands. Attending to the 'how of attachment' contrasts with the compassionate sociology of the syringe where injecting becomes 'a by-product of theoretical orientations' (1999: 223). In describing needle fixation, the rush and the injecting wound in the terms of conditioning, disorder, domination or dispossession the syringe is handed over to the 'determinations of a structure or the invisible hand of a system' (1999: 223).

In order to get closer to objects as that which *could* be known, Gomart and Hennion (1999) encourage us to engage in epistemological experimentation *with* the syringe in hand. This requires we treat knowledge of the addicted subject and the injecting object as contingent on the *dispositif* rather than contingent on cognitive or psychological structures within the agent or the cultural and social structures that surround them (1999: 226). In order to remain open to that we don't yet know *from* the socio-technical *dispositifs* of drug use Gomart and Hennion's instruction is to abandon action theories and 'promot[e] actors to the status of sociologists or philosophers' (1999: 230). This empirical move allows the social investigator to become a 'communicative and competent witness' (1999: 230) to the processes of attachment. Replacing epistemological questions with the drug user's knowledge enables the sociologist to find theoretical answers in 'very different ways' (1999: 230).

S/he is a relevant co-experimenter concerned with a liveable and constructive attachment. S/he must not only be seen as involved in the same kind of experiment, but as *participating* in sociological experiments. Both we and they follow real-time experimental trials in which different hypothetical answers to this question are tested. (1999: 230, emphasis in original)

'Techno-sociologies' (1999: 231) direct our attention from the observer's reflections to the participants themselves. In the hands of injectors the syringe is not a theoretical place to start from but an empirical place of arrival. It is now not up to the sociologists to interpret the syringe and injecting rush, but up to the drug users 'to decide which actor (human/ collective/ technical?) to which to attribute the source of pleasure'. Addicts, Gomart and Hennion point out, 'do this very well themselves – and are more innovative about it' (1999: 235). 'With a peculiar form of reflexivity, *she* writes her sociology for *us*' (1999: 231, emphases in original). In elevating the injecting drug user to the status of 'colleagues' (Gomart and Hennion 1999: 23) the subject and object of thought are connected. In promoting the heroin addict to an investigating co-participant the syringe is no longer an object for sociological explanation but a sociological object. In calling for the human and the object to be the indigenous informants of a sociological imagination sociology begins to ask

questions that are receptive to what happens and formulates answers that are attentive to unpredictable events of inquiring that are already material.

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